

Site Review #: \_\_\_\_\_



**Jackson County Health Department**  
**200 East Main Street, Jackson, Ohio**  
**45640**

Phone (740) 286-5094 Fax (740) 286-8809

**APPLICATION FOR SITE REVIEW**  
**FOR HOUSEHOLD SEWAGE TREATMENT SYSTEM**  
**FEE - \$150**

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Applicant Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Site Address/Parcel #: \_\_\_\_\_

Current Property Owner Name: \_\_\_\_\_

Township: \_\_\_\_\_ Section: \_\_\_\_\_ Subdivision & Lot #: \_\_\_\_\_

Directions to Site: \_\_\_\_\_

Lot Size (acres): \_\_\_\_\_ # of Bedrooms: \_\_\_\_\_

Will there be a basement with plumbing? \_\_\_\_\_

Type of Water Supply: \_\_\_\_\_

*I understand that this site review does not constitute a permit-to-install a sewage treatment system. I understand that I must obtain a Permit to Install before my system can be installed. A Permit-to-Install can only be obtained AFTER a system design is approved.*

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**HEALTH DEPT. USE ONLY BELOW**

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Date Paid: \_\_\_\_\_ Receipt #: \_\_\_\_\_ Expires: \_\_\_\_\_